

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/540716

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11		/				
12		/				
13		/				
14		/				
15		/				
16		/				
17		/				
18		/				
19		/				
20		/				
21		/				
22		/				
23		/				
24		/				
25		/				
26		/				
27		/				
28		/				
29		2				
30		2				
31		/				
32		/				
33		/				
34		12				
35		12				
36		12				
37		12				
38		12				
39		12				
40		12				
41		12				
42		12				
43		12				
44		12				
45		12				
46		12				
47		12				
48		12				
49		12				
50		12				
TOTAL IND.	5		1			
TOTAL DEP.	298		23			
TOTAL CLAIMS	303		24			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			12		1	
52			12		1	
53			12		1	
54			12		1	
55			12		1	
56			1			
57			1			
58			1			
59			1			
60			2		1	
61			2		1	
62			2		1	
63			2		1	
64			2		1	
65			2		1	
66			2		1	
67			2		1	
68			2		1	
69			2		1	
70			2		1	
71			2		1	
72			2		1	
73			2		1	
74			2		1	
75			2		1	
76			2		1	
77			2		1	
78			2		1	
79			2		1	
80			2		1	
81			2		1	
82			2		1	
83			2		1	
84			2		1	
85			2		1	
86			2		1	
87			2		1	
88			2		1	
89			2		1	
90			2		1	
91			2		1	
92			2		1	
93			2		1	
94			2		1	
95			2		1	
96			2		1	
97			2		1	
98			2		1	
99			2		1	
100			2		1	
TOTAL IND.			2		1	
TOTAL DEP.			2		1	
TOTAL CLAIMS			2		1	